

Update on Maryland Health IT Initiatives



The MARYLAND
HEALTH CARE COMMISSION

Discussion Topics

- Electronic Health Records
- e-Prescribing
- Health Information Exchange
- Recent Legislation

Electronic Health Records



Electronic Health Records

An electronic health record (EHR) is an electronic version of a patient's longitudinal medical history and may include all of the key administrative and clinical data relevant to an individual's health care under a particular provider, including:

- Demographics
- Progress Notes
- Problems
- Medications
- Vital Signs
- Past Medical History
- Immunizations
- Laboratory Data
- Radiology Reports

Electronic Health Records – A Value Add

Productivity & Financial

- Fewer chart pulls
- Greater workflow efficiency
- Improved billing
- Reduced transcription cost
- Increased formulary compliance, leading to fewer pharmacy call backs
- Improved coding of visits

Quality of Care Improvement

- Easier preventative care
- Point-of-care decision support
- Rapid and remote access to patient information
- Improved management of chronic diseases
- Integration of evidence-based clinical guidelines

Job Satisfaction

- Fewer task repetition
- Less “chart chasing”
- Easier compliance with regulations
- Demonstrable high-quality care

Customer Satisfaction

- Improved response from physician
- Greater continuity of care
- Improved delivery of patient education materials

Management Service Organizations – An Alternative Approach

- Offers business management and EHR solutions
- Operates within provider community or is a vendor offering services directly to providers
- Can consolidate practice and technology functions with EHR services
- Commonly uses ASP model to deliver services
- Provides a variety of EHRs

EHR Product Portfolio



EHR Product Portfolio

- To provide physicians with evaluation and comparison information on EHRs
- To provide a core set of product information
- To advocate EHR product discounts on behalf of physicians

<http://mhcc.maryland.gov/electronichealth/ehr/cchitehrvendors.html>

Portfolio Criteria

- 2007 CCHIT-certified EHR product
- Discount expressed in Letter of Intent
- Reference Verification (5)
- Reference Report
- Demonstration of EHR Product
- PowerPoint Presentation
- Case Studies
- Standard and discount pricing
- Privacy and Security Policies

Reference Survey

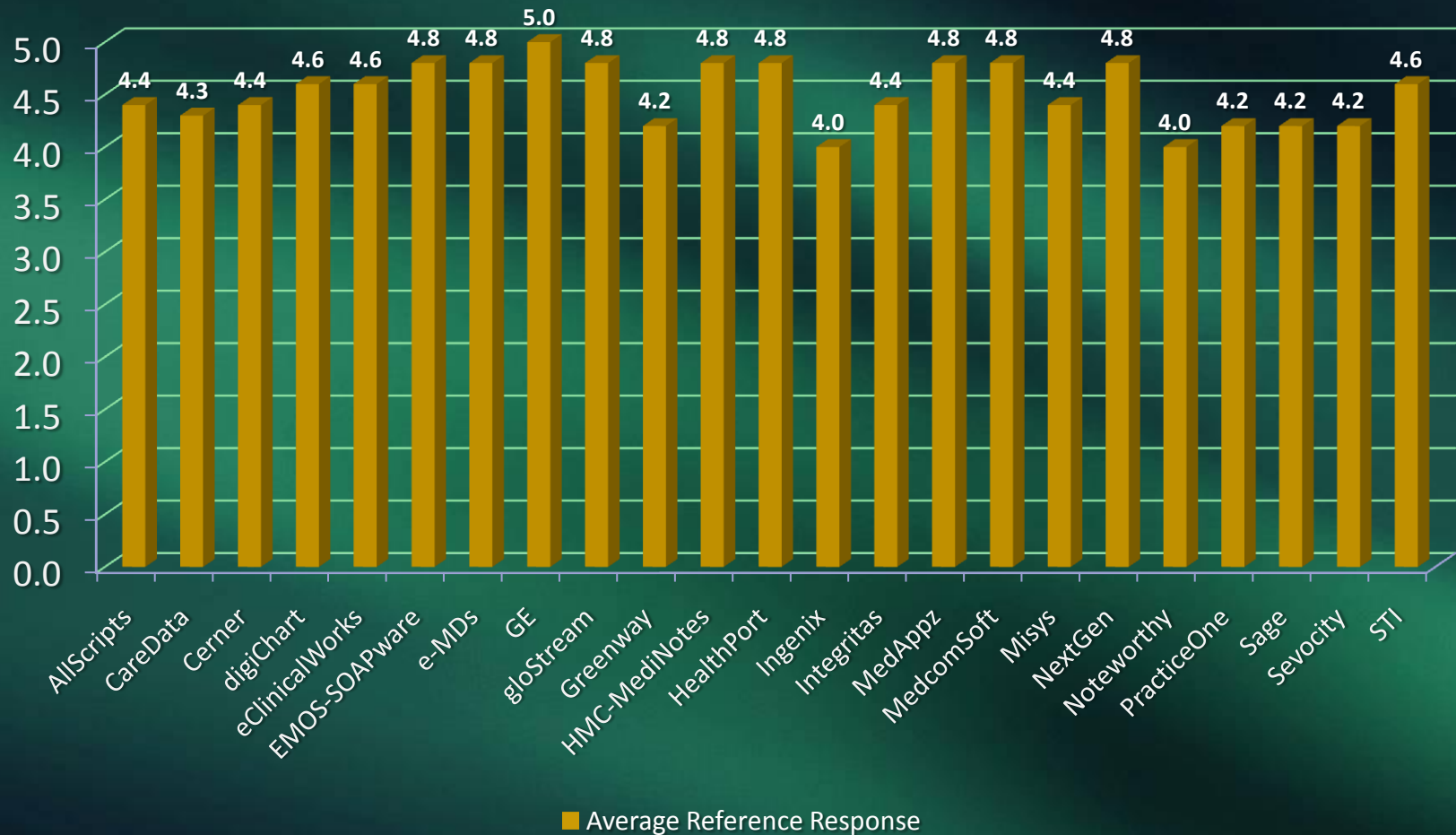
- How long have you used the EHR from [Vendor's Name]? _____ (months/years)

The following questions are rated 1-5, where 1=poor, 2=fair, 3=good, 4=very good, and 5=excellent.

- How would you rate the cost to benefit ratio of the EHR? 1 – 2 – 3 – 4 – 5 – N/A
- Using the same 1-5 scale, how would you rate your satisfaction with the EHRs ability to:
 - Review patient charts 1 – 2 – 3 – 4 – 5 – N/A
 - Update and document patient charts 1 – 2 – 3 – 4 – 5 – N/A
 - Order tests and review results 1 – 2 – 3 – 4 – 5 – N/A
 - Prescribe electronically 1 – 2 – 3 – 4 – 5 – N/A
 - Clinical decision support (e.g. drug warnings, preventative care reminders, etc.) 1 – 2 – 3 – 4 – 5 – N/A
 - Clinical/quality reporting (e.g. pay-for-performance, Bridges to Excellence, etc.) 1 – 2 – 3 – 4 – 5 – N/A
- Again, using the same 1-5 scale, how would you rate the vendor on:
 - Implementation 1 – 2 – 3 – 4 – 5 – N/A
 - Training 1 – 2 – 3 – 4 – 5 – N/A
 - Support 1 – 2 – 3 – 4 – 5 – N/A
 - Service 1 – 2 – 3 – 4 – 5 – N/A
- Would you purchase this system again? ☐ Yes ☐ No
- Would you purchase from the same vendor again? ☐ Yes ☐ No

Sample Survey Question

Rate the cost to benefit of the EHR for your practice



Privacy and Security Policies

Application Service Provider Privacy and Security Policies

- Access
- Authorization
- Authentication
- Audit
- Secondary uses of data
- Data ownership

Product Feature Overview

● Product Information

- Product
- Years in business
- Business Model
- Implementation time

● System Features

- Order Entry
- e-Prescribing
- Reporting
- Results from laboratories/radiology
- Patient portal

Pricing Profile

- Software
- Template customization
- Licensing (*per MD, DO, NP, PA*)
- Training
- Implementation
- Interface setup costs
- Ongoing interfacing costs
- Frequency of support
- Method of support delivery
- Maintenance
- Upgrades
- Training for product upgrade
- Hardware and Peripherals
- Demographics conversion
- Other Third Party Products
- Unique Features

Participating 2007 CCHIT Vendors

- ABELSoft
- Advanced Data Systems
- Allscripts
- CareData Solutions
- Cerner
- digiChart
- eClinicalWorks
- EHS
- Electronic Medical OS
- e-MDs
- GE
- gloStream
- Greenway Medical
- Health Mgmt Consultants
- HealthPort
- iMedica
- Ingenix
- Integritas
- McKesson
- MedAppz
- Misys
- NextGen
- Noteworthy
- Practice One
- Sage
- Sevocity
- STI Computer Services
- Wellogic

MHCC EHR Product Portfolio

MHCC has developed an EHR Product Portfolio (Portfolio) to provide physicians with evaluation and comparison information on EHRs. The Portfolio contains a core set of product information that will assist physicians in assessing EHRs. The Portfolio includes only those vendors that met the most stringent CCHIT certification standards relating to functionality, interoperability, and security. Approximately 23 vendors who are CCHIT-certified are included in the Portfolio. Among other things, vendors that achieved 2007 certification were required to implement standards that ensure prescriptions can be sent and refilled electronically, and that laboratory results can be received in a standard format. Vendors participating in the Portfolio have provided the following:

- Demonstration of EHR Product
- Reference Verification
- Reference Report
- Product Pricing
- Privacy and Security Policies
- PowerPoint Presentation
- Case Studies

Please visit the MHCC website to take advantage of the information included in the Portfolio:

<http://mhcc.maryland.gov/electronichealth/ehr/cchitehrevendors.html>

MHCC Select 2007 EHR Vendors



For more information visit:

<http://mhcc.maryland.gov/>



MARYLAND
HEALTH CARE
COMMISSION

Marilyn Moon, Ph.D.
Chair

4160 Patterson Avenue
Baltimore, Maryland 21215

Rex W. Cowdry, M.D.
Executive Director



ELECTRONIC

HEALTH

RECORDS



Future EHR Product Portfolio Initiatives

- Develop portfolios for additional specialties, such as long term care
- Continue regular review and update for new vendors and customer satisfaction surveys

CMS

Electronic Health Record Demonstration Project



CMS Demonstration Project

- Five-year demonstration project (started June 1, 2009)
- Encourage small to medium-sized primary care physician practices to use EHRs to improve the quality of patient care
- Practices required to implement specific EHR functions
 - Clinical documentation
 - Ordering prescriptions
- EHR must perform minimum core functions that positively impact patient care processes by end of second year

Practice and Physician Selection

- Collaboration with MedChi and Medical Society of the District of Columbia
- 255 Practices (out of 1,373 Primary Care practices in Maryland)
 - 127 Treatment Group
 - 128 Control Group
- 461 Physicians (out of 1,852 Primary Care physicians in Maryland)
 - 242 Treatment Group
 - 219 Control Group

Practice Distribution by County

County	Control	Treatment
Allegany	2	1
Anne Arundel	11	12
Baltimore Co.	28	24
Baltimore City	11	13
Calvert	1	2
Carroll	5	6
Cecil	2	3
Charles	3	3
Dorchester	1	1
Frederick	6	7
Garrett	0	2
Harford	2	6

County	Control	Treatment
Howard	5	4
Kent	0	2
Montgomery	21	16
Prince George's	11	15
Queen Anne's	3	1
Somerset	0	1
St. Mary's	2	0
Talbot	2	0
Washington	1	1
Wicomico	0	1
Worcester	3	1
Washington, DC	8	5

CMS Demonstration Project Map

CMS Treatment and Control Groups



Payment Structure

Basis of Payment*	Years	Max per year per provider	Max per practice per year
EHR Adoption (OSS)	All 5 years	\$5,000	\$25,000
Reporting of Clinical Quality Measures**	Year 2	\$3,000	\$15,000
Performance on Clinical Quality Measures	Years 3-5	\$10,000	\$50,000
Total Potential Payment over 5 years		\$58,000	\$290,000

**EHR must be implemented to receive payment*

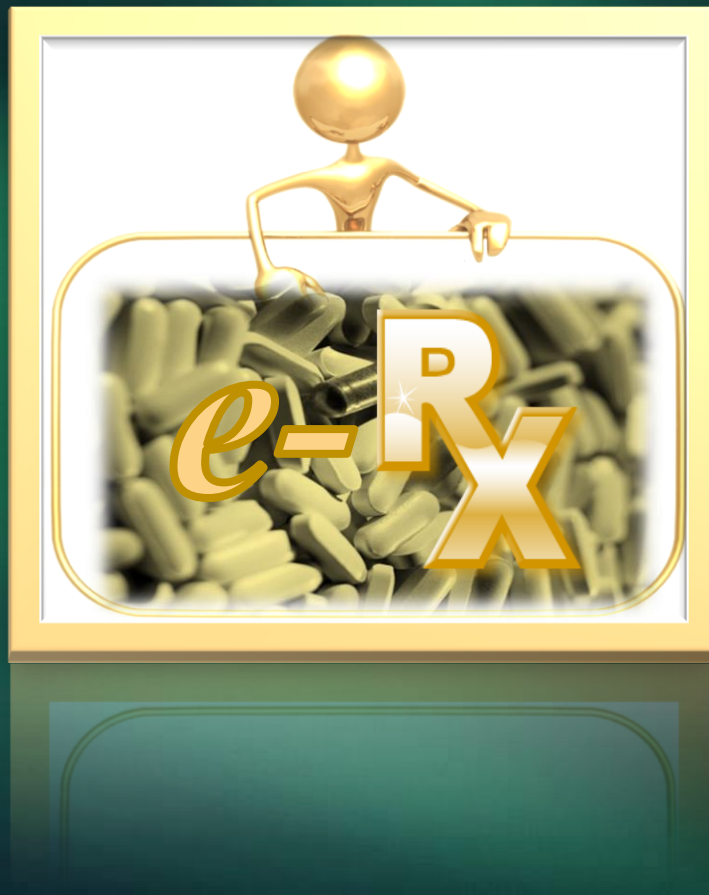
***One-time incentive payment*

CMS Demonstration Project

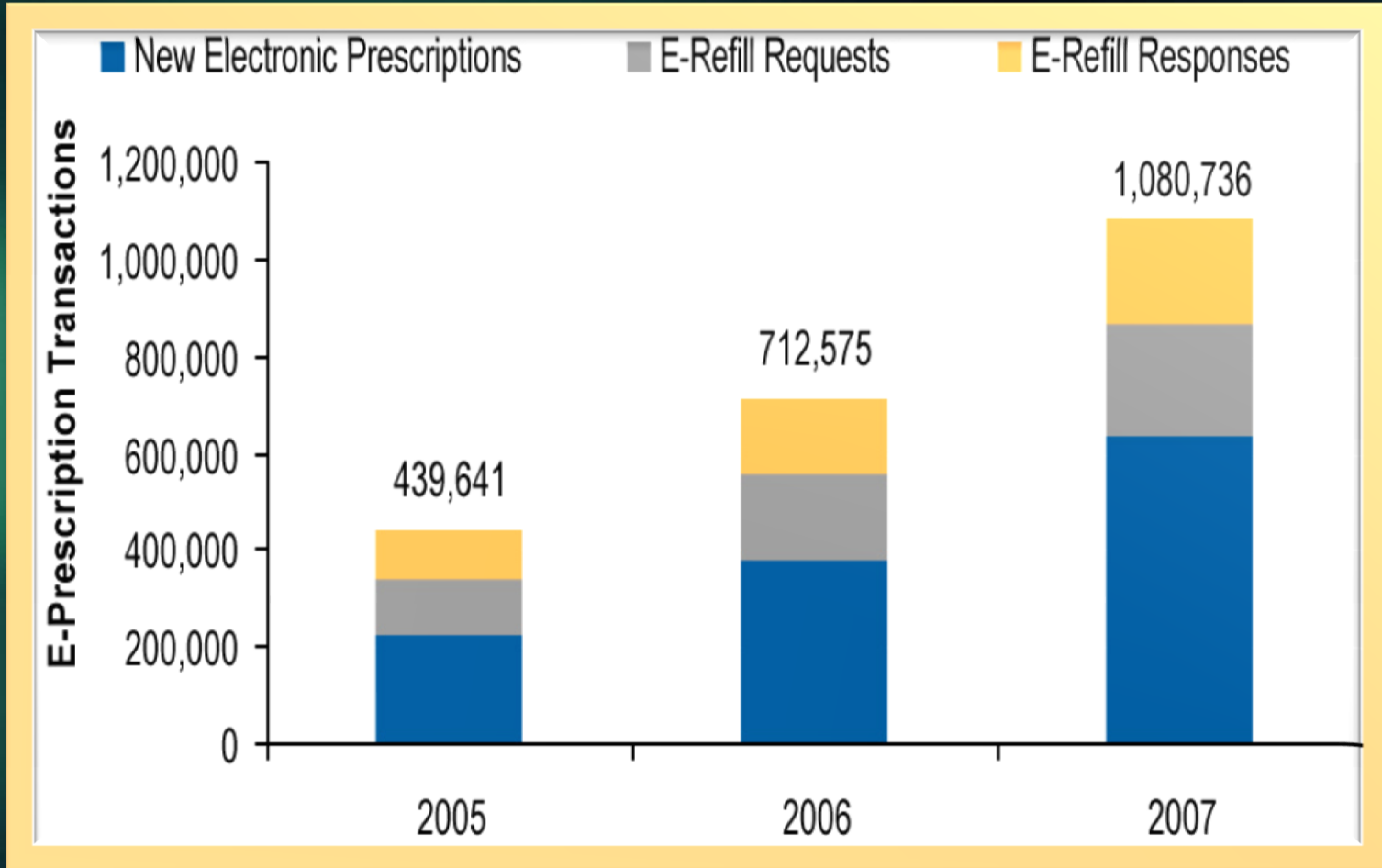
- Eligible primary care practices can earn up to \$58,000 for solo practices and \$290,000 for a group practice with 20 or fewer physicians
- More information is available at:

<http://mhcc.maryland.gov/electronichealth/cmsdemo/index.html>

Electronic Prescribing



Maryland e-Prescribing



Source: SureScripts, National Progress Report on e-Prescribing, December 2007

MIPPA and e-Prescribing

- With the passage of Medicare Improvements for Patients and Providers Act (MIPPA) in July 2008, Medicare established a federal program through which physicians who prescribe electronically can receive Medicare payment bonuses
- Effective 2012, physicians who still prescribe using paper will begin to see disincentives to their Medicare payment reimbursements

CMS e-Prescribing Program

e-Prescribing Year	Incentive Amount	Disincentive Amount
2009	2.0%	-
2010	2.0%	-
2011	1.0%	-
2012	1.0%	-1.0%
2013	0.5%	-1.5%
2014	-	-2.0%

Note: Payment bonuses are made after the conclusion of the calendar year in which eligible physicians e-Prescribe for their Medicare patients, not as an up front payment

Future e-Prescribing Perspectives

- Approval of DEA e-prescribing rules for controlled substances
- More incentives for e-Prescribing
- More regulations for e-Prescribing
- Standardization approval
- Feeds into EHRs allowing for more complete medical history of patients at point of care

Health Information Exchange



Health Information Exchange

- Brings vital clinical information to point of care
- Improves the safety of health care
- Improves quality of health care
- Decreases overall health care costs

Privacy and Security Solutions and Implementation Results

- Developed guiding principles consisting of:
 - Accessibility
 - Consumer-centric
 - Emergency access
 - Governance
 - Misuse
 - Security
 - Standards
 - Sustainability
- Identified barriers and solutions for each guiding principle

Privacy and Security Solutions and Implementation Activities for a Statewide HIE

- Formulate solutions and develop implementation activities that address organization-level business practices affecting privacy and security policies
- Multi-stakeholder group consisting of:
 - Consumers
 - Hospitals
 - Long term care
 - Medical laboratory & diagnostic imaging centers
 - Payers
 - Pharmacies
 - Physicians
 - Purchasers

Service Area Health Information Exchange (SAHIE)

- Initiative to define a framework of privacy and security policies
- Identify key technical challenges for communities
- Develop consistent policies
 - Reduction in investment costs
 - Decrease implementation challenges
- Required collaboration among stakeholders
- SAHIE Resource Guide released in February 2009, and available at:

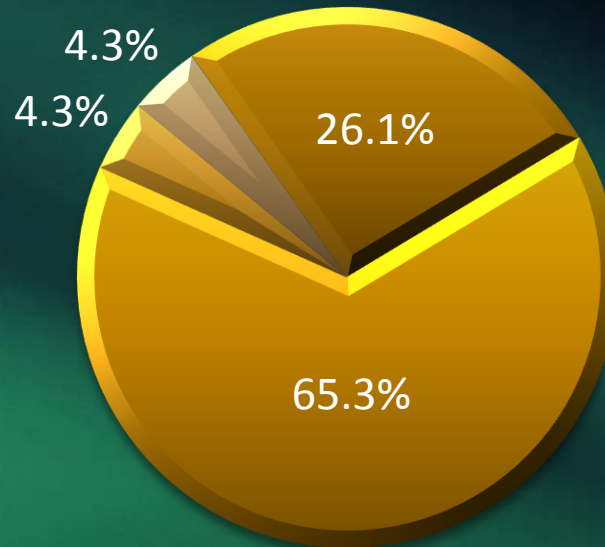
http://mhcc.maryland.gov/electronichealth/SAHIE_03-06-09-WEBFinal.pdf

SAHIE Resource Guide Components

- Patient rights to their electronic health information
- Range of business practices
- Technical requirements
- Communication mechanisms and outreach initiatives
- Key community-level financial, organizational, and policy challenges
- Alternate community data uses

http://mhcc.maryland.gov/electronichealth/SAHIE_03-06-09-WEBFinal.pdf

Maryland SAHIE Activity



- No exchange and no plans for an exchange (n=6)
- No exchange but planning for an exchange (n=15)
- Current exchange, no expansion plans (n=1)
- Current exchange and planning expansion (n=1)

Maryland HIE

- Statewide clinical data sharing utility
- Policies addressing privacy and security, confidentiality, and access
- Connect disparate systems
- Financial and business models
- Consistency with national standards
- Legislative support
- Agendas and funding
- Governance, process, technology, and other policies

HIE Planning and Implementation

- Two-phase strategic plan consisting of parallel planning projects, followed by a single implementation project to build a statewide HIE
- Identify best ideas from multi-stakeholder groups to serve as the foundation for the RFA

HIE Planning

- Two multi-stakeholder groups were selected to participate in the planning phase:
 - Chesapeake Regional Information System for our Patients
 - Montgomery County Health Information Exchange Collaborative
- Groups addressed issues related to the following:
 - Governance
 - Privacy and security
 - Access policies
 - User authentication and trust hierarchies
 - Ensuring appropriate patient engagement, access, and control over exchanged information
 - Exchange architecture
 - Proposed technology
 - Estimated costs
 - Alternative sustainable business models

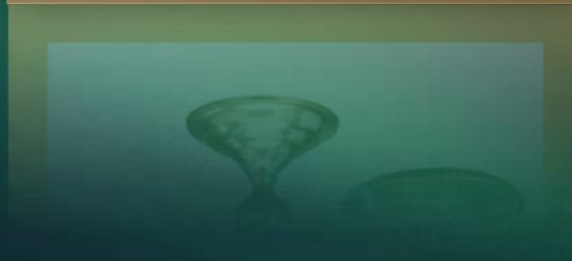
HIE Implementation

- Implementation Components
 - Vision, Mission, and Principles
 - Financial Model and Sustainability
 - Organizational Infrastructure
 - Privacy and Security
 - Outreach and Education
 - Technical Architecture
 - Standards
 - Exchange Functionality
 - Exchange Participants
 - Analytics/Reporting

HIE Implementation RFA

- Request for Application – posted April 15, 2009
- Applications are due June 12, 2009
- Award will be announced August 5, 2009

Maryland Legislation



Electronic Health Records – Regulation and Reimbursement

- House Bill 706
- Passed House and Senate on April 13, 2009
- Governor signed into law on May 19, 2009

The Legislation

- Aimed at expanding the adoption of electronic health records (EHRs) through incentives from state-regulated payers to select providers to use certified EHRs that are capable of connecting to a health information exchange (HIE)
 - HB 706 requires the MHCC and HSCRC to complete a number of activities in support of the legislation

HIE Designation

- Designate an HIE for the private and secure exchange of electronic health information prior to October 2009
 - Request for Application (RFA) for a Consumer Centric Health Information Exchange for Maryland was released in April
 - A multi-stakeholder group that can implement a sustainable HIE with sound privacy and security policies and a robust architecture will be selected in August

Status Report

- Prior to January 1, 2010 – Report to the Senate Finance and House Health and Government Operations Committees on progress in:
 - Establishing the HIE
 - Developing regulations
- Specifying how incentives required for state-regulated payers that are national carriers shall take into account existing carrier activities that promote the adoption and meaningful use of EHRs

Regulations – The Development Process

- Prior to January 1, 2011 – Consult with appropriate stakeholders and post on its website for public comment proposed regulations that:
 - Provide cash or another incentive of monetary value
 - Facilitate the use of EHRs
 - To the extent possible, recognize and be consistent with existing payer incentives that promote meaningful use of EHRs
 - Take into account incentives provided under Medicare and Medicaid, and include increased reimbursement for specific services, lump sum payments, gain-sharing, rewards for quality and efficiency, in-kind payments, and other items or services to which a specific monetary value can be assigned

Formal Report

- Prior to January 1, 2011 – Submit a report to the Senate Finance and the House Health and Government Operations Committees on:
 - Development of a coordinated public-private approach to improve the state's health information infrastructure
 - Any changes in state laws that are necessary to protect the privacy and security of health information stored in EHRs or exchanged through an HIE
 - Any changes in state laws that are necessary to provide for the effective operation of an HIE
 - Any actions that are necessary to align funding opportunities under the ARRA with other state and private sector initiatives related to HIE that include the patient centered medical home, the CMS EHR demonstration project, the HIE, and the Medicaid management information system replacement
- The Senate Finance Committee and the House Health and Government Operations Committee will have 60 days to review and comment on the report

Incentives

- Prior to September 1, 2011 – Adopt regulations that may result in:
 - Increased reimbursement for specific services;
 - Lump sum payments;
 - Gain-sharing arrangements;
 - Rewards for quality and efficiency;
 - In-kind payments; and
 - Other items or services where monetary value can be assigned.
- The legislation enables the requirements of the bill to impact self-insured health benefit plans similar to state-regulated payers if Federal law is amended

Disincentives

- After January 1, 2015 – Include disincentives in the regulations for providers seeking payment from a state designated payer who:
 - Uses an EHR that is not certified by a national certification organization; and
 - The EHR is not capable of connecting to and exchanging data with the HIE.

Hospitals & Medicaid Providers

- Prior to September 1, 2011 – HSCRC, in consultation with hospitals, payers, and CMS, is required to assure that hospitals receive payments and implement any changes in hospital rates required by CMS to comply with the ARRA
- Prior to September 1, 2011 – DHMH is required to collaborate with the MHCC in developing a mechanism to assure that providers participating in the Medicaid Program receive payments for the adoption of EHRs under ARRA

MSOs

- Prior to October 1, 2012 – Identify management service organizations (MSOs) which centrally host EHRs as an alternative to implementing EHRs in the provider's office
 - MSOs allow providers to subscribe to an organization that hosts the technology rather than adopting the traditional client server model where the software is maintained in the provider's office
- Apply (MHCC) for Federal grants and loans to help subsidize the use of MSOs by health care providers

A Progress Report

- On or before October 1, 2012, report to the Governor and General Assembly on the progress achieved toward adoption and meaningful use of EHRs by health care providers in the state and include recommendations for any changes in state laws that may be necessary to achieve optimal adoption and use
 - HB 706 is well timed and aims to improve health care quality, prevent medical errors, and reduce health care costs through the widespread use of EHRs and the ability for providers to exchange patient information electronically

Questions



More information is available at the MHCC website

<http://mhcc.maryland.gov>

cfriend@mhcc.state.md.us

